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ABSTRACT

Student Study Teams were established at the middle and junior high school levels to address the needs of at-risk students not being served by special education programs. Also, communication and cooperation between existing Student Study Teams (SST) and other referral teams had been lacking and needed to be improved. The goals were to strengthen regular education's ability to assist at-risk students and develop an awareness of the inter-team referral process within the schools and with community agencies. School principals (N=9) responding to a survey indicated they would support the teams. In 9 of 10 schools, SSTs were functioning or being established. An inservice was conducted for the schools' SST chairpersons on the purpose, function, and maintenance of the teams. Those SSTs established early had a significant increase in referrals of at-risk students. Inter-team cooperation was enhanced by sharing information about the three different referral teams at team meetings and faculty meetings. Inter-team cooperation with the county assessment team was furthered by a district-wide distribution of a poster explaining the purpose of the Youth Service Bureau Assessment Team. A handbook was published which outlined possible reasons for referral, the problem-solving process, the benefits, and the referral process and follow-up. Student Study Team reaction sheet, school psychologists survey, and team leaders questionnaire are appended. (ABL)

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# ESTABLISHING STUDENT STUDY TEAMS AND INTER-TEAM COOPERATION TO PLAN INTERVENTIONS FOR AT-RISK STUDENTS

by

James W. Cole

Cluster 33

A Practicum I Report Presented to the
Ed.D. Program in Early and Middle Childhood
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

NOVA UNIVERSITY

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Approved:

July 2, 1990
Date of Final Approval of Report

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ABSTRACT

Establishing Student Study Teams and Inter-Team Cooperation to Plan Interventions for At-Risk Students. Cole, James W., 1990: Practicum Report, Nova University Ed.D. Program in Early and Middle Childhood. Descriptors: School Based Support Teams / Elementary Secondary Education / Problem Solving / Interdisciplinary Approach / Team Training / Parent Teacher Conferences / Intervention / Referral.

This practicum presented a plan to establish Student Study Teams at the middle and junior high school levels to address the needs of at-risk students not being served by special education programs. Also, communication and cooperation between existing Student Study Teams and other referral teams had been lacking and needed to be improved. The goals were to strengthen regular education's ability to assist at-risk students and develop an awareness of the inter-team referral process within the schools and with community agencies.

The writer's objectives to resolve the problem were gaining the support of district administrators and school principals, disseminating a handbook exploring the Student Study Team process, inservicing team leaders, forming a model team, and supporting the appointment of a liaison between teams.

The results of the practicum included the establishment of nine Student Study Teams, the involvement of school administrators as chairpersons of teams, the increase of referrals of at-risk students, the improvement of cooperation between referral teams, the formation of a model Student Study Team, and the publication of a Student Study Team handbook.

# CHAPTER I

# INTRODUCTION

## Description of Practicum Setting

The setting of this practicum is an urban unified public school district located in the western United States. The school district encompasses seven different communities which according to the 1980 census serves 200,000 citizens living on 110 square miles. The socioeconomic level varies greatly between the communities but is primarily middle and lower middle class, blue collar, and has approximately 15% of its population on cash subsidized income. The ethnic composition of the school district is 37% Black, 33% White, 13% Hispanic, 11% Asian/Pacific Islander, 5% Filipino, and 1% Other, based on figures reported in the 1988 school statistical report. Total school enrollment is over 29,000 students.

School facilities include 37 elementary schools, 4 junior high schools, 1 middle school, 5 senior high schools, an alternative education program, a middle college high school, and 4 children's centers. There are 1700 certificated employees and 1200 classified employees.

The school district is unique in that it is

completing the implementation of its System for Choice organizational plan. The System for Choice is based on the specialty school concept which emphasizes a broad menu of elective courses in tandem with the traditional core curriculum at all elementary and secondary school sites. The district is developing a five year plan to upgrade and expand current facilities and has begun the installation of a district-wide computer system in partnership with IBM.

In 1987 the district started reevaluating and modifying its existing alternative education program for at-risk students. The At-Risk Task Force was created to identify the needs of at-risk students and make recommendations to assist these students in completing their education. One of these recommendations was the establishment of Student Study Teams at the middle school, junior high school, and senior high school levels.

## Writer's Role and Responsibilities

The writer joined the school district in 1968 and has held the positions of teacher and junior high school counselor. Since 1984 the writer has served as a school psychologist and recently obtained national school psychology certification and a drug addiction counselor certificate. In 1989 the writer was elected chairman of the Psychological Services Department, Pupil Personnel

Services Division, and became responsible leading a staff of 18 school psychologists.

In addition to the chairman responsibilities the writer is the school psychologist for a junior high school, a senior high school, for the youth returning from the juvenile justice court schools for special education eligibility, and is a member of the Youth Service Assessment Team for the west county. Specific responsibilities include being the case manager for all new referrals, administering individual tests, writing psychoeducational reports, reviewing social/developmental histories, interpreting reported results at case conferences, consulting with parents and school personnel, providing limited counseling to students, and making referrals to community agencies.

As the district's representative to the Youth Service Bureau Assessment Team the writer helps assess at-risk cases with other team members from Child Protective Services, County Probation, County Mental Health, the local police department, group homes, County Social Services, and the Youth Service Bureau.

# CHAPTER II

# STUDY OF THE PROBLEM

## Problem Description

### Background

Public Law 94-142 mandated multidisciplinary teams in the schools to provide group decision-making in the assessment of children. In the State of California these teams evolved from Student Appraisal Teams to Student Study Teams and became the responsibility of regular education administrators and faculty at each school-site. The reasons for referrals to these teams have been broadened beyond special education assessment and evaluation of eligibility to a study of the whole child and the special needs of regular education students.

Active Student Study Teams have been established at all of the school district's elementary schools but not at the middle school, junior high schools, or high schools. Confusion concerning responsibility and role ambiguity at the junior high and secondary level may have ben one of the primary causes. One school with a Student Study Team has had few referrals of at-risk students made to the team.

CARE teams have also been formed at some of the schools for drug and alcohol-related problems of students and their families. These teams screen the students for possible at-risk alcohol or drug abuse and may refer the student to an on-site drug counselor or to a community agency. Referral information had not been shared between these CARE teams and Student Study Teams. Neither team was aware of which students had been referred or for what reasons.

The west county's inter-agency referral team, the Youth Service Bureau Assessment Team, receives child and youth referrals from any segment of the community including the schools for difficulty cases of at-risk children. The purpose of the Youth Service Bureau Assessment Team is to intervene in severe and complex cases that have not been resolved at the school-site or at a single agency level. Almost no referrals of at-risk students had been made to this team from the school district's Student Study Teams, CARE teams, or from the schools in general.

Difficulties Encountered

When these Student Study Teams have been mentioned at staff meetings or district-level meetings, there were always numerous queries about what these teams are and for what purpose they serve. Middle school, junior high, and

secondary personnel were the most unaware or did not fully understand the purpose of these teams. Part of the problem seemed to be a carry-over from the Student Appraisal Teams. Since the primary function of the Student Appraisal Team was the screening and identification of special education students, regular education faculty believe the Student Study Team was only for special education referrals. Many of these regular education administrators and teachers still believed the only permanent members of these teams were special education teachers, the school psychologist, school nurse, and the speech therapist.

Support of the Student Study Team by school administrators was on paper only for middle schoo, junior high schools, and high schools. The few teams that were established were not maintained by the administration. Most of these teams had only been established through the efforts of concerned special education teachers and support staff. The result was their denouement into non-functioning teams or teams that met only two or three times a year. Related to this problem was the lack of involvement or active support by the school-site administration. There was a vacuum of leadership and a sense that the decision-making process of these teams was not understood or supported.

What If Problem Was Resolved

All middle schools, junior high schools, and secondary schools would have active Student Study Teams if these problems were resolved. The teams would be chaired by school administrators or their designees and at least two regular education faculty would be permanent members of the team. Referrals made to the Student Study Team would be for students with academic, attendance, behavioral, physical, disciplinary, or family difficulties and not just possible learning disabilities or students seen as in need of some type of special education service.

Since the CARE teams and Student Study Teams receive referrals of at-risk students, it is important that both teams are in communication with one another about who is referred to the respective team so services may be coordinated in an efficient manner. If a Student Study Team was given a referral for a student who is at-risk for abusing alcohol or drugs or who is from a dysfunctional family with an addicted parent, the referral would be given to the CARE team to assist the student. Learning problems would be referred to the SST. Both of these teams should be aware of the Youth Service Bureau Assessment Team and the more severe cases referred to this team. Most of the cases require inter-agency cooperation to assist the student.

Problem statement: Middle school, junior high school, and secondary school administrators, counselors, and teachers were not referring at-risk students to their school's referral team. The Student Study Team, CARE team, and the Youth Service Bureau Assessment Team do not have adequate communication or referrals from respective teams. Most of these schools do not have functioning Student Study Teams.

Problem Documentation

The writer completed an oral survey of all school psychologists in the school district to identify those schools with inactive Student Study Teams. The one middle school, four junior high schools, and four of the five high schools did not have active Student Study Teams (See Appendix B).

The school district's administration made a report to the Board of Education in 1988 regarding the increasing number of expulsions, suspensions, grade failures, and poor school attendance of students. The report recommended the establishment of an At-Risk Task Force to address the needs of these students. The task force was charged by the school superintendent with reviewing current policies and procedures which may contribute to the failure of at-risk students, identifying ways to better coordinate and increase the effectiveness of

current programs serving this population, and recommend new programs and services needed to assist at-risk students. This task force was chaired by the Director of Support Staff, Pupil Personnel Services Division, and was composed of over 60 individuals from the school district and community agencies. The task force's report, "A matter of urgency: An initiative for at-risk youth," identified the need to establish Student Study Teams at each school site, defining the roles of team members, establishing a referral and feedback process, and expanding the Student Study Teams to the middle school, junior high school, and high school levels. This was one of the primary goals listed by the task force in its report (Clark, Gonzales, Palmer, Parnell, & Silverman, 1989).

The at-risk task force report states that "49% of students who begin the ninth grade are not there in the twelfth grade. We do not know how many students we lose in junior high school or elementary school" (Clark et al., 1989, p. 59).

A random survey at one junior high school and one high school of 40 administrators, counselors, and teachers found 85% were not familiar with the Youth Service Bureau Assessment Team. Those who were familiar with the team were usually unclear as to exactly what the team did or

were uncertain if the team would accept referrals from a school.

## Causative Analysis

### Lack of Awareness

Most regular education personnel appeared to be unaware of the purpose and function of the Student Study Team. Although multidisciplinary teams have been advocated at the federal, state, and local levels as a regular education responsibility to reach regular education at-risk students as well as those being served in special education programs, most regular education personnel still view these teams as a place to send their requests for testing and the identification of special education students.

### Insufficient Training of Administrators

Middle school, junior high school, and high school site administrators have not been inserviced on the Student Study Team and how this referral team can address the needs of at-risk students. Consequently, the majority of these schools never have had such a team, and those that did have one, did not adequately support and maintain them. Eventually only one of the teams was active. Almost all site administrators failed to accept the Student Study Team as a regular education responsibility.

No Coordination Between Referral Teams

The Student Study Teams, CARE teams, and the county's Youth Service Bureau Assessment Team, operate entirely independent of one another. No lines of communication existed between these referral teams. At individual school sites the Student Study Teams and CARE teams are unaware of student referrals made to the respective team. The leaders of these teams have not been inserviced regarding what the Youth Service Bureau Assessment Team is and how referrals may be made to this team. Consequently, this has resulted in an overlapping of the types of referrals for which each team is responsible and a possible duplication of efforts.

Unclear Leadership Role

The question of who is responsible for establishing, supporting, and maintaining the Student Study Team at a school-site remains unclear to administrators. Some of the confusion regarding who is responsible for these teams comes from how the Student Appraisal Teams were the responsibility of special education teachers and support staff. The Resource Specialist teacher was most likely the chairperson of the team and was responsible for its maintenance. If a site administrator had any role in the Student Appraisal Team, it was usually an adjunct one as a resource member. Consequently, school-site administrators have not understood their new role of responsibility with

the Student Study Team or have not willingly accepted this role.

## Review of the Related Literature

Even before the implementation of Public Law 94-142 made multidisciplinary teams mandatory, many professionals had been advocates of such teams in the schools. Now that these teams have evolved beyond just the sphere of special education, it is necessary for all school faculty members to recognize the need to support and become active in the Student Study Team process to assist regular education at-risk students.

Loss of funding from federal sources, funding limits on special education entitlements, changes in the levying of taxes have resulted in the elimination or curtailment of services supporting the regular education program. Butler (1984) described how one California school district in 1981 formed a committee to study ways of assisting students with learning and behavior problems. The goal was to design a school-based support system which would avoid over-identification in special education programs. The committee's recommendation was the need for problem-solving teams called Student Study Teams. "Student Study Teams operate on the assumptions that different students learn in different ways . . . that different kinds of instructional and behavioral

interventions will produce different degrees of scholastic and behavioral gains in different students" (Butler, 1984, p. 9).

A resource manual for trainers presented a model for Student Study Teams based on the studies of meeting dynamics, elements of other school teams, and personal experiences. The manual defines the SST as a "regular education function. The team reviews a student's problems and plans alternative instructional strategies to be used in the regular program" (Radius & Lesniak, 1988, p. IV-3). Roles of team members, conducting meetings, recording problems and proposed actions on butcher paper, bilingual and bicultural issues, and a training model with handout were fully described. Hickman (1985) provided a compilation of checklists, timelines, team logs, and data collection forms to assess existing student study teams.

Thinking of the multidisciplinary team as a committee was discussed by Bardon (1983). Strategies must be developed to overcome "committee inertia" and resolving problems. The delegation of responsibilities, use of minority reports, and subcommittees have been effective approaches in well-functioning committees. These same approaches may be used in multidisciplinary teams.

For a team to successfully function, the team members must establish a collaborative effort in the team's

structure and agree on a set of operating procedures. Theré must be attainable team goals, defined team authority, mutual recognition of each member as a resource, standard operating procedures to maintain team functioning, support from the site administration, and accessibility to staff (Stokes, 1982). Stokes outlines what is needed to assure team maintenance. The needs of the team and service needs should be monitored and evaluated on a regular basis. She addresses interpersonal development through trustbuilding, good communication, and conflict resolution. Monitoring should assess membership and role issues and communication skills or deficits. In providing school-based service and attempting problem-solving tasks, group process and shared leadership skills should be developed. "Evaluation should be an integral part of the team's procedures and the basis for that process should be agreed-upon goals which can be attained (Stokes, 1982, p. 20).

The stages of team development and group dynamics must be understood to ensure team effectiveness according to Abelson & Woodman (1983). They concluded team decision-making was superior to individual decision-making and that maintaining the effectiveness of these teams was paramount. The level and quality of decision-making skills and team accord may be assisted by the school

psychologist's efforts. The conditions for successful teams, unlike industrial and medical organizations, have not been determined prior to their inception. Americans must first change their perceptions of public education (Golin & Ducanis, 1981). Studies related to the decision-making process in teams have found team members feeling their participation has been lower than expected (Kabler & Genshaft, 1983; Fenton et al., 1977). Structured activities, agendas, and a "democratic decision-making" approach would improve the quality of the problem-solving process.

Role expectations in multidisciplinary teams was investigated in a study by Fenton, Yoshida, Maxwell, & Kaufman (1977). The interaction of team members was seen as essential to the effectiveness and efficiency of team cooperation and work outcomes. If roles were not clearly defined, ambiguity may arise about responsibilities and the leadership and the authority of the team. The target roles studied were the principal, regular education teacher, school psychologist, and special education teacher. The results of the study found other team members identifying fewer appropriate activities for a team member than those identified by that member. The necessity of inservice training to explore team roles and develop role awareness was found necessary. "Members who

describe limited or passive roles for themselves may become dissatisfied with the team process and with the decisions made by the team" (Fenton, et al., 1977, p. 10).

Yoshida (1983) took an organizational perspective in analyzing the multidisciplinary team. Yoshida recognized the differing perspective and expectations held by team members. "The most consistent problem found in the literature concerns the meaningful participation of regular education teachers" (Yoshida, 1983, p. 140). When regular education teachers do attend team meetings, they do not participate as do other team members. If stressful behaviors evolve in the group, Yoshida recommends administrative intervention and monitoring of the group. Also, he recognized the school psychologist as one of the main change agents in supporting teams at the schools they serve. Wignet (1989) reviewed California Director of Special Education, Patrick Campbell's proposed plan to increase the role of regular education in serving more students with special needs. Campbell suggests a more inclusive multidisciplinary school team is needed to screen, follow-up, and implement intervention strategies and support of all at-risk students.

Parental participation in the Student Study Team process emphasizes a "shared responsibility for student learning (which) has definitely enhanced the satisfaction

and success of Student Study Teams" (Lesniak, 1986, p. 1). A Los Angeles evaluation report, according to Lesniak, found these teams initiating cooperation between home and school and parents feeling someone was trying to help their child without being placed in adversarial roles. A family systems orientation approach was proposed by Pfeiffer & Tittler (1983). The focus was on the entire family since the student does not live alone. They theorized that by understanding the family and how it functions would help the school predict the child's behavior.

The data of a three year study on effective school principal behavior in implementing change at their school were reviewed by Corbett (1982). Corbett described how school principal's contributed to the persistence of change, how they provide incentives for innovative behavior in the school, and why they have been the major source of incentives. The principal was seen as being influenced by organizational relationships as wel' as the "predilections of individuals."

A cooperative study of existing student study teams identified the most frequently occurring academic and behavioral problems presented at team meetings. These descriptors were listed to assist team members in recognizing characteristics of at-risk students. This

study also summarized academic and behavioral modifications proposed by teams and workshop participants for regular education interventions (Stockdale & Scheffelin, 1985).

Pryzwansky & Rzepski (1983) recommended the expansion of responsibilities for the multidisciplinary team. Consultation services to teachers and administrators regarding cases referred to the team would be provided. This consultant role of the team members would enable them to analyze data for teachers, explain team recommendations, and give feedback. As these teams take action on cases over a period of time, "the ability of team members to detect when a pattern of referrals is more indicative of need for a system level response should develop" (Pryzwansky & Rzepski, 1983, p. 177). A needs assessment of environmental factors at the school would be possible. Lynch, Mercury, & DiCola (1988) discussed the need for some type of central planning and inter-agency cooperation to assist families in understanding what resources are available in the community and how the referral process to these teams and agencies works. They recommend a central referral plan to overcome eligibility problems and "interagency competitiveness."

Bowman (1987) appeals for a reconceptualization of the prereferral intervention process. The expansion of

preventive interventions for at-risk students who do not qualify for a special education program has been needed due to the dramatically increasing numbers of students being referred to special education programs because there were no alternatives in regular education.

Fuchs (1987) described how school intervention referral teams for non-handicapped difficult-to-teach students will hopefully avoid the need for a referral to a special education program. A National Youth Practitioner's Network staff report (1988) identified the growing challenge in managing the wide variety of services and the need to coordinate all these services for at-risk students. Wehlage, Rutter, & Turnbaugh (1987) explain how the role of schools has changed to a more active one in making interventions with at-risk students for the good of society. "The schools cannot escape this broader mandate" (Wehlage et al., 1987, p. 70).

Summary of Literature Review

The multidisciplinary teams mandated under PL 94-142 have evolved beyond the sphere of special education. Student Study Teams at the school-site may now screen, review, and act upon referrals of at-risk students who may not meet special education criteria. School faculty members should support and become active in this process.

Funding limits on special education entitlements and

a reduction of state tax levies for regular education have resulted in fewer support services for the regular education program. The over-identification process of students in special education programs needs to end. Problem-solving teams such as Student Study Teams may offer alternative interventions for at-risk students.

Training manuals and other resoures have been developed by different state departments of education for Student Study Teams. The formation and maintenance of these teams has been outlined in these manuals. Studies have concluded there is a necessity of clear roles for team members and for providing an environment which allows discussion of differing points of view. A team's effectiveness depends on clear operating procedures, group dynamics, administrative support, and meaningful member participation. Other studies have recommended parental and family involvement in the problem-solving process of these teams. Also, school-based administrative support was identified as the cornerstone of any successful team effort. Having an administrator as the chairperson and as a permanent member of the team should be considered.

Preventive interventions as part of the pre-referral process were identified as important since many schools do not have alternatives to the regular or special education program. A national report discussed coordinating

services for at-risk students within a school district and with community agencies. Interagency cooperation relies on appropriate and adequate identification of at-risk students.

The literature supports school and community student referral teams which are capable of assessing the risk factors and of providing diverse intervention plans for at-risk children and their families.

# CHAPTER III

# ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

## Statement of General Goals

Strengthening regular education's capacity to meet the diverse needs of at-risk students through the Student Study Team referral process was this practicum's primary goal. The second goal was to develop an awareness of the inter-team referral process and communication between the three referral teams serving the school district's at-risk students.

## Specific Objectives

### School Principals

Behavior: Active Support of SST at School-Site

Standard: 80% Positive Response

Instrument: Principals' Reaction Sheet

(See Appendix A)

Since most school-site administrators appear ambiguous about the function of the Student Study Team, their understanding and awareness of what these teams do and who is responsible for establishing the team at their school was to be made clear to them. Studies identified the school principal as the primary change agent and the principal's behavior as having the most effective

influence on maintaining change. The evaluative instrument will be a written questionnaire asking for affirmative or negative responses from the principals to assess their understanding of the problem and their willingness to support the SST at their site.

Number of Student Study Teams

Behavior: Increase in Number of SST's

Standard: 100% Positive Response at Middle and Junior High School Levels

Instrument: School Psychologists' Survey (See Appendix B)

A survey of school psychologists at the 10 middle, junior high, and high school levels revealed that only one of these schools had an active Student Study Team. The number of active Student Study Teams will be dramatically increased. All middle and junior high schools will begin establishing the SST and the majority of high schools will do the same for their ninth graders by the end of this practicum. A comparative survey of the pre-practicum and post-practicum status of SST's at each school site will be completed with the school psychologists at those sites.

Student Study Team Leaders

Behavior: Active Support of SST and Other Teams

Standard: 80% Positive Response

Instrument: SST Leaders' Survey (See Appendix D)

Newly established Student Study Teams were to have team leaders who were inexperienced at team leadership and unfamiliar with the referral process. These leaders were probably not knowledgeable about the CARE team and the Youth Service Bureau Assessment Team. SST leaders were asked to respond to a questionnaire to evaluate their support of the three referral teams.

CARE Team Leaders

Behavior: Familiarity with Other Teams

Standard: 80% Positive Response

Instrument: CARE Team Leaders' Questionnaire (See Appendix C)

CARE teams were unaware of referrals made to the Student Study Team. There were no formal lines of communication between these teams as they have been working independently of one another. Communication would be initiated through some type of linkage so information on a needs-to-know basis may be shared to insure appropriate services were being provided for the at-risk student. CARE team leaders were asked to respond to a questionnaire to evaluate the progress of communication between the teams.

Number of At-Risk Referrals

Behavior: Increase of At-Risk Student Referrals

Standard: 80% Positive Response

Instrument: Questionnaires for Team Leaders (Appendices C & D)

Almost no at-risk referrals were made to Student Study Teams or the Youth Service Bureau Assessment Team during the 1988-1989 school year. If a school had a CARE team, a limited number of referrals were made to these teams. The statistics in the at-risk task force report indicated a high drop-out rate and a large number of non-handicapped at-risk students not being served by the school district. These at-risk students were in the schools and every effort must be made to identify them. The number of at-risk referrals was to be greatly increased to the Student Study Teams by the end of this practicum. Questionnaires of team leaders would indicate any increase in the number of referrals made to their teams this year.

## Analysis of Data

### School Principal's Reaction Sheet (See Appendix A)

An affirmative response of 80% was considered acceptable to achieving an understanding of the problem and a willingness to be supportive of the Student Study Team at their schools by the school principals.

### School Psychologist's Survey

A 100% positive response in the establishment of Student Study Teams at the middle school and all junior high schools was to be acceptable. A 50% positive response from the high schools for ninth grade students was an adequate beginning to resolving this problem.

CARE Team Leader's Questionnaire (See Appendix C)

An 80% affirmative response to these questions by CARE team leaders would be acceptable in improving communication and gaining an understanding of the respective team's function.

Student Study Team Leader's Questionnaire (See Appendix D)

An 80% affirmative response to these questions by the Student Study Team leaders would be considered acceptable in establishing these teams, improving communication with the CARE teams, and understanding the function of the Youth Service Bureau Assessment Team within the community.

## Mechanism for Recording Unexpected Events

A daily log will be kept to record any significant or unexpected events during this practicum.

## Description of Plans for Analyzing Results

The results of the survey and the questionnaires will be computed and compared to the expected results outlined in this section.

# CHAPTER IV

# SOLUTION STRATEGIES

## Literature Review for Solutions

### Introduction

Almost all of the literature relating to interdisciplinary and multidisciplinary teams (student study teams, child study teams, student support teams, student appraisal teams, student assistance teams) identifies problems related to these teams and how they function, but few, if any, solutions on how to overcome problems preventing the establishment of these teams within the schools.

### Team Implementation

The process of developing intervention teams was reviewed in a National Association of School Psychologists (NASP) document (1986). The impetus for establishing teams can come from administrative initiative, special group needs study, and school staff initiative. A needs assessment could provide the evidence necessary to provoke a serious effort within the school district to establish these teams. The school district's At-Risk Task Force published its report "A Matter of Urgency" (Clark et al.,

1989) which has provided this impetus. The NASP document further recommends forming teams that match the characteristics of the individual school-sites and identifying the specific responsibilities of team members beyond general descriptions in a proposal.

Guidelines for establishing teams which focus on incorporating the team into the organizational routine of the schools and assessing the adequacy of the school's resources for developing a team were offered by Maher & Hawryluk (1983). They argue the importance of establishing multidisciplinary teams to develop service delivery to students due to reductions in financial support for public education. Business and industrial leaders have long recognized the team approach to problem-solving, especially in solving complex problems affecting various constituencies of the organization. "Although the knowledge base about worthwhile team approaches is at a formative stage of development, it appears useful to explore possibilities for utilization of teams in schools for improving educational service delivery" (Maher & Hawryluk, 1983, p. 180).

The implementation of a prereferral intervention model was proposed by Graden, Casey, & Christenson (1985). Recognizing the limited resources in special education services in meeting the needs of larger numbers of

students exhibiting academic and behavioral difficulties, this intervention model has reconceptualized the services delivered in a school district. One goal of the model was to make the decision-making process more relevant to the instructional process. This model implemented a Child Review Team as its fourth stage in planning interventions. This resource team should be formed with regular education teachers as resources to their colleagues and to the problem-solving process.

Team Structure and Maintenance

The interdisciplinary team was analyzed as a changing entity, a set of subsystems, and as a functioning unit in a three-dimensional model advocated by Bailey (1984). Problems with underperformance, overstructure, ambiguous roles, and disorganization within the team were investigated. Individualizing efforts to facilitate effective, efficient, and positive teams was recommended. Bailey found interdisciplinary teams not functioning well due to the above-mentioned problems. His model allows "team members themselves to pinpoint the specific nature and type of dysfunction within a given team and to identify strategies for improving team performance" (Bailey, 1984, p. 25). This would be important in team maintenance.

Fleming, D. & Fleming, E. (1983) outlined problems in

the implementation of teams which include insuring efficient use of available time, developing the skills and knowledge base of team members, equally distributing work assignments, and developing strategies to reduce team stress. They conclude that the maintenance of these teams will depend on data-based summaries of team functioning to improve the team's effectiveness.

Administrator's Role

An administrator must be a permanent member of the student assistance team to interpret school rules and give authority to the team according to Ogden & Germinario (1988). Teacher members should be volunteers and be familiar working with different types of students. Corbett (1982) recognizes the school principal as the key change agent by providing the incentives to maintain innovations at the school-site.

Inservicing On Teams

A facilitator's manual offers techniques on teaching basic team theory and skills for effective decision-making. In this manual Anderlini (1979) provides a complete inservicing program to instruct administrators, teachers, and parents on the team approach to educational decision-making. The rationale for and function of an effective team was explored. The stages of team development were described in four stages. Materials were

developed which an be used on an overhead projector to present individual units and main concepts in forming effective teams.

Another facilitator's manual for staff training stresses developing school-community cooperation and the expansion of limited school resources. Suggested strategies for improving cooperation included the use of posters, informational pamphlets, newsletters, tutorial programs, and speeches as just a few examples. An overall communication strategy was developed as described by Altschuld (1978).

Numerous problem-solving or decision-making programs have been made available for use by referral teams. Kabler & Carlton (1982) have developed a three-tier progression through the decision-making process. The first level was problem perception which includes problem assumptions, past interventions, and intervention effectiveness. The second level was alternative exploration which includes suggested needs, proposed alternative, and evaluation of alternatives. The final level includes prioritization and choice, responsibilities, and steps and timelines. A democratic decision-making approach was recommended in conducting team meetings.

Finally, a video cassette produced by the University

of California, Santa Barbara, and the local public schools, followed a model pupil study team reviewing a demonstration student case. An administrator, two regular education teachers, a resource specialist, a speech therapist, and a school psychologist were shown discussing a student's behavioral problem presented by his classroom teacher. The last part of the video was a round-table critique of this model study team at the end of one school year. This video would be useful for an inservice, especially the last part which reviewed problems that arose in implementing this team (Cosden, Gibbons, & Tracy, 1983).

Questionnaires

Questionnaires were described as one tool in collecting information in the problem-solving process by Long & Cognetta (1978). The advantages of using questionnaires in data collection include low cost, uniformity in the same set of questions, and being able to reach any number of people. They may be used to focus attention on a particular need for respondents and may generate sympathy and support toward resolving the problem.

Justification of Solution Strategies

Gaining the support of the school principal as the one person who provides the necessary impetus for

establishing and maintaining Student Study Teams at their schools as recommended in the NASP document (1986) was to be a first step. The school principal has the authority to incorporate the Student Study Team into the organizational structure of the school as suggested by Maher & Hawryluk (1983).

Identifying a school administrator or designee as a permanent member of the Student Study Team and preferrably as the chairperson of the team was to give the team the authority and support necessary for its success (Ogden & Germinario, 1988; Corbett, 1982).

Disseminating a handbook exploring the Student Study Team as part of presentations to administrators and teachers, making posters describing the referral teams, listing the names of team members to contact on the poster was to improve the awareness level of regular education staff towards the referral process for at-risk students. Inviting a guest speaker from the interagency referral team to address school psychologists and possibly other groups was to provide name recognition and hopefully an increase in referrals from the school district for more serious cases (Altschuld, 1978).

Using a proactive approach in establishing Student Study Teams at the middle school and all the junior high schools was assisted by the practicum facilitator through

a model team at one junior high school. This team served as a demonstration model for the other schools on how the Student Study Team works. The facilitator was available to visit other schools and provide whatever support was needed.

Presenting an inservice on the Student Study Team to all SST team leaders and other team members was planned and organized by the facilitator (Graden et al., 1985; Kabler & Carlton, 1982; Radius & Lesniak, 1988; & Stokes, 1982). Defining the function of the Student Study Team and the roles of its members and making an outline of the problem-solving process was essential to the team's successful maintenance (Bailey, 1984; Ogden & Germinario, 1988; Fleming, D. & Fleming, E., 1983). Developing the knowledge base of the team members was necessary for effective decision-making.

Appointing one person to serve as a liaison to both the Student Study Team and CARE team at the school made communication possible between the teams. This had prevented any overlapping of services and helped insure an appropriate action plan was made for the student. The need for coordination of services and interagency communication was remedied by uniform data collection and information sharing (Grosenick & Huntze, 1982). Regular education alternatives were considered first at the middle school and junior high school levels.

Using questionnaires to raise awareness of the at-risk student problem and the benefits of the student Study Team focused on the needs assessment of the district's at-risk task force. Retention rates, low student achievement, student drop-out rates, teacher complaints, and mainstreaming concerns were reviewed.

Selected Solution

The practicum facilitator made a presentation to school-site principals at a district meeting regarding the establishment of Student Study Teams at their schools. A handbook on the Student Study Team was compiled by the facilitator from training manuals and his own thoughts and was distributed to the principals at their meeting. Also, as part of the presentation, the "A matter of urgency: An initiative for at-risk youth" report was reviewed to establish the need for such teams as was recommended in this district report. Prior to this presentation the facilitator met with the Director of Support Staff to arrange being placed on the agenda for the principals' meeting.

Secondly, the facilitator met with the Coordinator of Health Education to reach agreement on establishing a line of communication between the CARE teams and the Student Study Teams. One possibility was to have the school psychologist be a resource member of both teams and

provide information on a needs-to-know basis to both teams. The Coordinator was requested to assist the facilitator in discussing this idea with the CARE team leaders and also giving other information about the SST and the Youth Service Assessment Team.

Thirdly, the facilitator made a presentation to the Youth Service Bureau Assessment Team to explain the Student Study Team and CARE team roles in the schools. Since the facilitator is a member of the Youth Service Bureau team, he asked for approval to design a poster or flyer with other team members describing the team for posting in the schools.

Fourthly, the facilitator organized and presented an inservice on the student study team to team leaders and other team members from district schools. The inservice described the purpose of the SST, team membership and roles, the problem-solving process, team maintenance, and referrals to other teams or agencies.

Fifthly, the facilitator helped form a model Student Study Team at a junior high school to assist other junior high schools develop their own teams. The facilitator made himself available to visit any school during the practicum to help establish a SST. If a school requested an inservice or workshop presentation, the facilitator was prepared to provide one.

Sixthly, a representative from the Youth Service Bureau was invited to speak at a school psychologist meeting to explain the kind of referrals that should be made to this assessment team.

Steps Followed for Implementation

The practicum facilitator consulted with the Director of Support Staff, Pupil Personnel Services, to obtain his support in this practicum and to plan the facilitator's attendance at the district-level principals' meeting to propose the need to establish Student Study Teams at each school. Approval of other planned activites such as the handbook was sought from the Director.

The facilitator met with the Coordinator of Health Education and will obtained her support in improving communication between the Student Study Teams and the CARE teams. The facilitator attended a meeting of CARE team leaders to explain the Student Study Team and to gain their support in forming a communication link between the two teams. The function of the Youth Service Bureau Assessment Team was discussed.

The facilitator invited a guest speaker from the Youth Service Bureau Assessment Team to a meeting of school psychologists to explain the purpose of this team and the type of referrals this team expects.

The facilitator as a regular member of the Youth

Service Bureau Assessment Team sought approval from the team to create a poster or flyer describing the team and the names of members to contact which was distributed to all the schools and community agencies.

The facilitator presented an inservice to Student Study Team leaders and at least one other team member from each school. The inservice provided the necessary information and guidance needed to implement a successful team.

The facilitator organized a model Student Study Team at one junior high school to assist other schools in establishing their teams. The facilitator made himself available to any middle or junior high school needing assistance and provided an inservice if requested to do so.

At the conclusion of the practicum the facilitator surveyed the middle school, junior high schools, and high schools (ninth grade students) to determine the number of schools establishing active Student Study Teams.

## Calendar Plan

### January 22-26

During the first week the facilitator met with the Director of Support Staff to plan the implementation of the practicum and set a date to make this presentation at a district-level principal's meeting. Approval for the distribution of the SST handbook was sought.

January 29-February 2

During the second week the facilitator met with the Coordinator of Health Education to discuss improving communication between the SST and CARE teams and arrange to meet with CARE team leaders to discuss the three referral teams. The facilitator began organizing a model SST at one school site.

February 5-9

During the third week the facilitator made a presentation about the Student Study Team at the district principal's meeting. Principals were asked to send their school's SST team leader and at least one other team member to an inservice which was given within seven weeks.

February 12-16

During the fourth week the facilitator attended a Youth Service Bureau Assessment Team meeting and discussed the functions of the SST and CARE teams within the school system. The Youth Service team members were asked to assist the facilitator in developing a poster about this team for distribution in the school district. The first meeting of the model Student Study Team was held.

February 19-23

The fifth week was a winter break holiday. During this time the facilitator planned and prepared materials for the inservice meeting with SST team leaders and other team members.

February 26-March 2

During the sixth week a representative from the Youth Service Assessment Team and the facilitator attended a staff meeting of school psychologists to make a presentation on the role of the Youth Service team and its relationship to the school district as a referral resource. Interagency cooperation was also discussed.

March 5-9

During the seventh week the facilitator continued preparing for the inservice. The second meeting of the model SST was held.

March 12-16

During the eighth week the facilitator met with the Assistant Superintendent of Pupil Services and the Director of Support Staff to obtain final approval of the SST handbook distribution and inservice materials.

March 19-23

During the ninth week the third meeting of the model SST was held. The facilitator attended a Youth Service Bureau Assessment Team meeting to obtain approval of the poster developed by team members for distribution to schools and community agencies.

March 26-30

During the tenth week an inservice presentation was made by the facilitator to all SST team leaders and other SST team members from each school.

April 2-6

During the eleventh week the facilitator collected and analyzed data from different teams. School psychologists were surveyed to determine the actual number of active Student Study Teams within the school district.

April 9-13

During the twelfth week the facilitator compiled results of surveys and questionnaires. He compared the actual results with the proposed objectives of the practicum.

# CHAPTER V

# RESULTS, RECOMMENDATIONS, AND DISSEMINATION PLANS

## Results of General Goals

The general goals of the practicum, strengthening regular education's ability to assist at-risk students through the Student Study Team referral process and developing an awareness of the inter-team referral process and inter-team communication, were accomplished by successfully completing the following objectives.

## Results of Specific Objectives

### School Principals

Behavior: Active support of SST at school-site

Standard: 80% positive response

Results: Goal was met

Gaining a commitment to Student Study Teams and the active support of these teams at the school-site by the Principal was a prime objective of the practicum. Arrangements were made through the Director of Support Staff and the Assistant Superintendent of Pupil Personnel Services for the facilitator to be placed on the agenda to make a presentation about Student Study Teams at a district-level principals' meeting. A handbook on the Student Study Team compiled by the facilitator was

distributed to the principals and reviewed. The facilitator discussed the district's "A matter of urgency: An initiative for at-risk youth" report and its recommendations to form teams at all district schools.

A follow-up reaction sheet regarding the teams was sent to each principal. Only one principal did not respond. There was a 100% positive response of agreement by the nine other principals to actively support the teams at their schools.

Number of Student Study Teams

Behavior: Increase in number of SSTs

Standard: 100% positive response

Results: Goal was met in 9 out of 10 schools

The initial survey of school psychologists prior to the implementation of the practicum revealed only one functioning Student Study Team at the middle school, junior high school, and ninth grade level. After the facilitator's presentation at the district principals' meeting and an inservice for all newly appointed SST leaders, a follow-up survey of school psychologists found Student Study Teams functioning or being established at nine of the ten schools.

Student Study Team Leaders

Behavior: Active support of SST and other teams

Standard: 80% positive response

Results: Goal was met

Principals at nine of the ten schools appointed an administrator or school counselor as the chairperson of the SST. Only one junior high school had the school psychologist and not a regular education faculty member chairing the team. All SST chairpersons were invited to attend an inservice at the district's staff development center. The half-day inservice was prepared by the facilitator and presented with a special education regional supervisor assisting. The purpose, function, and maintenance of the teams were reviewed. Group processes and intra-team relationships were analyzed and discussed. Inter-team cooperation, the roles of school-based CARE teams, the county's Youth Service Bureau Assessment Team, and examples of referrals to these teams were studied.

A questionnaire was sent to each SST chairperson one week after the inservice to evaluate their support of the referral team process and inter-team cooperation. Eight of the nine chairpersons attending the inservice returned the questionnaire and expressed support of the SST at their school and cooperation with the CARE team and the Youth Service Bureau Team. The majority felt communication between the teams was poor and needed improvement. Several chairpersons recommended having at least one person who was a member of both the SST and CARE team at their school-site.

CARE Team Leaders

Behavior: Familiarity with other teams

Standard: 80% positive response

Results: Goal was met

The facilitator with support from the Coordinator of Health Services met with the CARE team leaders at a staff meeting. The role of the school psychologist and the function of the SST were explained by the facilitator. Most of the CARE team leaders were receptive to cooperating with the SST at their school. Only two of the CARE team leaders expressed concern about the overlapping purposes and responsibilities of the teams. They also mentioned confusing teachers with different referral teams and referral procedures. After some discussion they were still unconvinced and protective of their "turf." There was support of a liaison between teams such as the school psychologist or school staff member who would serve on both teams. Almost all of the Student Study Teams have followed this suggestion.

A follow-up questionnaire to CARE team leaders found all of them familiar with the SST and supportive of better inter-team cooperation. Most CARE teams now have at least one member who also serves on the SST and coordinates actions on dual referrals.

Number of At-Risk Referrals

Behavior: Increase of at-risk student referrals

Standard: 80% positive response

Results: Goal was met

. Those Student Study Teams established early in the practicum had a significant increase in referrals of at-risk students. The teams were described at faculty meetings and teachers and counselors began referring students to the teams. Most SST leaders positively responded to an increase in referrals of at-risk students to their teams.

Conclusions

The positive response from all of the school principals after the district principals' meeting gave strong leadership at the school-site for the establishment of teams and their promotion. The role of the principal in selecting an administrator to chair the meetings was instrumental in providing authority to the SST and the team's recognition by teachers and staff. The Director of Support Staff set a deadline for selection of chairpersons and the principals complied without complaint. Corbett's (1982) description of the school principal's contribution as important change agent for innovative behavior in the schools was verified here. This leadership role also attracted other teachers to volunteer as team members.

Radius & Lesniak (1988) stressed the importance of training team leaders and providing a manual explaining roles of members and team processes. The practicum

facilitator's handbook, "The student study team: Planning interventions for at-risk students" (Appendix E), outlined possible reasons for referral, the problem-solving process, the benefits, and the referral process and follow-up. This handbook focused on what these teams were all about and enabled team members to study and question the referral process. This resource was well-accepted by the school principals and special education administrators. It quickly averted possible problems or misunderstandings.

The inservice for team leaders reviewed the handbook and other sources and allowed the team leaders to share what was happening at their schools and their ideas and concerns. The main concern of the group was the CARE teams at their sites and which team to refer a student. This was later resolved by having the school psychologist or a faculty member serve on both teams and coordinate the referral process.

Inter-team cooperation was enhanced by sharing information about the three different referral teams at team meetings and faculty meetings. The response was always positive and individuals appeared anxious to understand how the other teams worked and the types of at-risk problems these teams were intended to address. One unexpected outcome was concern from two CARE team

leaders who felt the SST duplicated what the CARE did. Even when the SST was established at their schools, their point of view had not changed. Further inservices or joint meetings between the two teams at school-sites might bring resolution to this concern.

Inter-team cooperation with the county assessment team was furthered by a district-wide distribution of a poster explaining the purpose of the Youth Service Bureau Assessment Team, listing the members' names with their agencies, and the contact person and phone number (See Appendix F). The poster fostered a number of referrals from schools to the county team. School psychologists, school counselors, and principal have made presentations to the team. The "us versus them" attitude has dissipated as school personnel and county agency personnel meet one another in a cooperative atmosphere and begin to work together.

Overcoming team inertia and developing strategies for problem-solving through the committee process (Bardon, 1983) was exemplified in a model SST at one school. The practicum facilitator coordinated the formation of the model team and inserviced all team members on their roles and the team process. An administrator volunteered to chair the team and three regular education teachers joined. One special education teacher and the school

nurse completed the team. The school principal enthusiastically gave her support and the team inserviced the entire faculty. Referrals have increased to this team as the months have passed. Members of other teams have been invited to observe this team in action.

## Recommendations

Anyone planning to implement Student Study Teams should follow these recommendations: (1) Gain the support of a district administrator, (2) Acquire district support for your implementation plan, (3) Make a presentation to the district's principals and ask for their support, (4) Set deadlines, (5) Inservice the team leaders and allow time for discussion to avert possible problems, (6)Prepare yourself with good pre-planning and read the training manuals developed by state departments of education.

The practicum facilitator will further this solution by following a similar plan at the elementary school level to rejuvenate established teams and inservice newly appointed principals who are unfamiliar with these teams. More regular education teachers need to be involved in the team meetings.

## Plans for Dissemination

1. The practicum will be submitted for presentation at the 1991 annual convention of the California Association of School Psychologists.

2. The Student Study Team handbook has been widely distributed with the school district at the middle school and junior high school level and plans are being made for its distribution at the elementary level.
3. Results of the practicum and the handbook will also be shared with other county agencies.

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APPENDIX A

STUDENT STUDY TEAM REACTION SHEET

SCHOOL PRINCIPAL'S COMPONENT

Pupil Personnel Services

Student Study Team Reaction Sheet
School Principal's Component

In order to summarize your present thoughts regarding the Student Study Team, we are asking your reactions to the items below. Please check only one choice for each item.

1. The Student Study Team assists at-risk students.

| Strongly Agree | Agree | Disagree | Strongly Disagree | Lack Information to Judge |
|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ |

2. The Student Study Team allows school staff to work in an efficient and coordinated manner.

| Strongly Agree | Agree | Disagree | Strongly Disagree | Lack Information to Judge |
|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ |

3. The Student Study Team provides assistance to all students.

| Strongly Agree | Agree | Disagree | Strongly Disagree | Lack Information to Judge |
|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ |

4. The Student Study Team brings together all resources of the school and support staff to assist at-risk students.

| Strongly Agree | Agree | Disagree | Strongly Disagree | Lack Information to Judge |
|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ |

5. I will be actively supportive of the Student Study Team at my school.

| Strongly Agree | Agree | Disagree | Strongly Disagree | Lack Information to Judge |
|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ |

COMMENTS:

# APPENDIX B

## ACTIVE STUDENT STUDY TEAMS

## RESULTS OF SCHOOL PSYCHOLOGIST SURVEY

# APPENDIX B

## ACTIVE STUDENT STUDY TEAMS

## RESULTS OF SCHOOL PSYCHOLOGIST SURVEY

The following were responses to the question of whether the school-site had an active Student Study Team or not.

| School | Pre-Practicum Results | Post-Practicum Results |
|---|---|---|
| Middle School | No | Yes |
| Junior High #1 | No | Yes |
| Junior High #2 | No | Yes |
| Junior High #3 | No | Yes |
| Junior High #4 | No | Yes |
| High School #1 | No | Yes |
| High School #2 | Yes | Yes |
| High School #3 | No | No |
| High School #4 | No | Yes |
| High School #5 | No | Yes |

| N | % | N | % |
|---|---|---|---|
| 1 | 10% | 9 | 90% |

APPENDIX C

CARE TEAM LEADER'S QUESTIONNAIRE

APPENDIX C

CARE TEAM LEADER'S QUESTIONNAIRE

In order to summarize your present thoughts about the other referral teams, please check only one choice for each item below.

| | YES | NO |
|---|---|---|
| 1. I am familiar with the Student Study Team at my school. | _____ | _____ |
| 2. My school's CARE team communicates with the Student Study Team. | _____ | _____ |
| 3. Student referrals have increased this school year to the CARE team. | _____ | _____ |
| 4. My school's CARE team makes referrals to the Youth Service Assessment Team when appropriate. | _____ | _____ |
| 5. My school's Student Study Team makes referrals to the CARE team. | _____ | _____ |
| 6. Cooperation has increased between the CARE team and the Student Study Team at my school. | _____ | _____ |

Comments:

# APPENDIX D

# STUDENT STUDY TEAM LEADER'S QUESTIONNAIRE

APPENDIX D

STUDENT STUDY TEAM LEADER'S
QUESTIONNAIRE

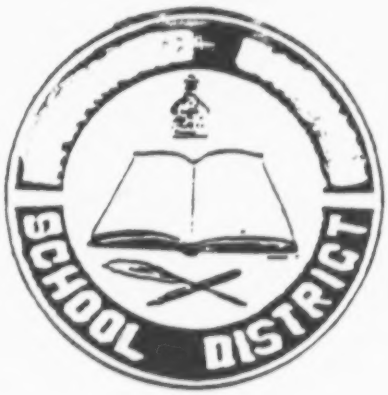
In order to summarize your present thoughts regarding the other referral teams for at-risk students, please check only one choice for each item.

| | YES | NO |
|---|---|---|
| 1. I am familiar with the CARE team at my school. | ____ | ____ |
| 2. My school's Student Study Team is in communication with the CARE team when necessary. | ____ | ____ |
| 3. Referrals of students have increased this school year to my school's Student Study Team. | ____ | ____ |
| 4. My school's Student Study Team makes referrals to the Youth Service Assessment Team when appropriate. | ____ | ____ |
| 5. My school's CARE team makes appropriate referrals to the Student Study Team. | ____ | ____ |
| 6. Cooperation has increased between the CARE team and the Student Study Team at my school. | ____ | ____ |
| 7. The Student Study Team inservice was effective in clarifying the function of the Student Study Team and the roles of team members. | ____ | ____ |

Comments:

APPENDIX E

THE STUDENT STUDY TEAM HANDBOOK




# THE STUDENT STUDY TEAM:

## Planning Interventions for At-Risk Students

Prepared by

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January, 1990

"The Unified School District has an alarming number of students identified as at-risk. We know that 49% of the students who begin the ninth grade are not there in the twelfth grade. We know that 33% of the students who start as ninth graders actually drop out before completing the twelfth grade. We do not know how many students we lose in junior high or even in elementary school."

-"A Matter of Urgency: An Initiative for At-Risk Youth"
At-Risk Task Force

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# THE SST:
# What Is It?

The Student Study Team, SST, is a regular education function. The team reviews a student's problem(s) and plans alternative strategies to assist the student in overcoming this/these problem(s).

The SST accepts referrals from teachers, counselors, administrators, parents, and students. The team gathers information concerning the reported problem(s), discusses the information, and decides on a course of action.

The team provides feedback to the person referring the student and may refer the student to another person or group within or outside the school site. Parents should be notified about their child being referred to the SST and may be invited to participate when appropriate.

# THE SST:

## Who Are the Team Members?

The composition of the Student Study Team will vary between schools, but the team will always include sufficient staff to review a student's needs. The team should include a site administrator who chairs the meetings and coordinates school resources.

Essential Members:

| | |
|---|---|
| **Administrator** | Chairs the meetings and provides support and direction to team members. |
| **Person Making Referral** | Describes the problem and presents basic information about the student. |
| **Regular Education Faculty Members** | Listen to case presentations, assist in clarifying problem, and help develop an action plan. |
| **Parent/Guardian and/or Student** | Either may attend meeting if necessary. Provide pertinent background information. |

Resource Members:

| | |
|---|---|
| **Special Education Teacher(s)** | Provides resource for observations and academic and behavioral interventions. |
| **School Psychologist** | Provides resource for formal and informal assessment, observations, academic and behavioral intervention strategies. |
| **School Nurse** | Provides resource for medical problems and/or health problems. |
| **Speech Therapist** | Provides resource for informal screening of speech and language problems. |
| **School Counselor** | Requests feedback from the student's teachers. Assists student and parent in understanding the purpose of the SST. |

Note: One of the regular education team members should also serve on the school's CARE team and act as a conduit between both teams.

# THE SST:

## What Reasons May a Student Be Referred?

1. POOR ACADEMIC PERFORMANCE

2. POOR SCHOOL ATTENDANCE

3. BEHAVIORAL PROBLEMS

   (withdrawn, lethargic, defiant, destructive, aggressive, impulsive, etc.)

4. PHYSICAL PROBLEMS

   (sleeps in class, decline in physical ability, unexplained injuries, significant weight loss, frequent physical complaints)

5. CHANGE IN PERFORMANCE OR BEHAVIOR

   (change of friends, erratic behavior, secretive behavior, change in personality, inappropriate responses, defensiveness)

6. DISCIPLINARY PROBLEMS

   (high number of referrals to office, suspensions)

7. HOME/FAMILY PROBLEMS

   (threatens to run away from home, complaints of family problems, complaints about personal problems)

# THE SST:
## The Problem-Solving Process

Kabler and Carlton (1982) encourage the following deliberate progression through the decision-making process:

1. **PROBLEM ASSUMPTIONS**

2. **PAST INTERVENTIONS**

3. **INTERVENTION EFFECTIVENESS**

4. **SUGGESTED NEEDS**

5. **PROPOSED ALTERNATIVES**

6. **EVALUATION OF ALTERNATIVES**

7. **PRIORITIZATION AND CHOICE**

8. **RESPONSIBILITIES**

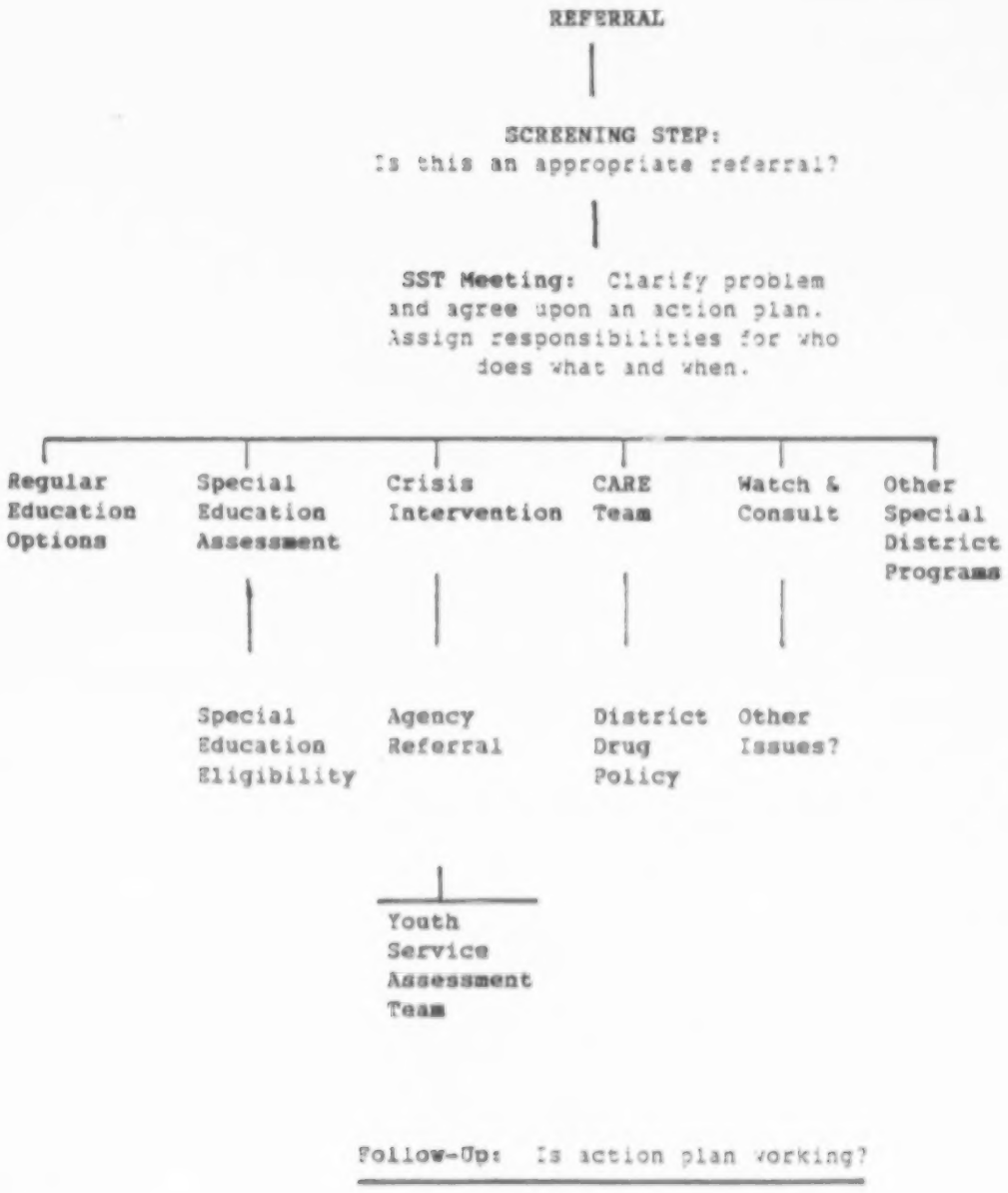
9. **STEPS AND TIMELINES**

*Kabler, M. & Carlton, G. (1982). Educating exceptional students: A comprehensive team approach. Theory Into Practice, (21), 88-96.

# THE SST:
# What Are the Benefits?

1. The Student Study Team is an efficient and effective way to bring together all the resources of the school-site and school district to support students having difficulties in regular classes.
2. The Student Study Team allows the school staff to work in a coordinated and planned manner.
3. The Student Study Team provides a supportive atmosphere for students to become actively involved in implementing strategies designed to help them.
4. The Student Study Team ensures an avenue of assistance for all students and does not replace other available services.
5. The Student Study Team is an expression of the school's concern for students.
6. Positive support for the school is produced by including the parent in the problem-solving process.

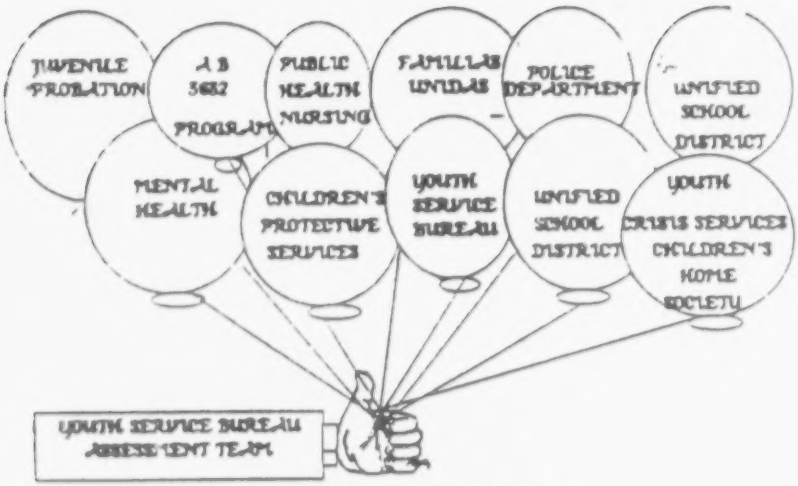
# THE SST:
## Process Flow Chart



APPENDIX F

YOUTH SERVICE BUREAU

ASSESSMENT TEAM POSTER




## WHO MAKES UP THE TEAM ?

The Assessment Team consists of informed , experienced staff from the following agencies serving

- Juvenile Probation
- Children's Protective Services
- Mental Health
- Unified School District
- Unified School District
- Youth Crisis Services
- (Children's Home Society)
- Familias Unidas
- AB 3632 Program
- Youth Service Bureau
- Police Department
- Public Health

## HOW CAN THE TEAM SERVE YOU ?

The Assessment Team provides consultation and case planning assistance for difficult cases referred to the team by participating agencies.The appropriate service agencies are identified and service plans are collectively agreed to.

Case Confidentiality Is Strictly Observed

For Further Information . . .

Contact